## **Application Data She t**

Secrecy Order in Parent Appl.?::

## **Application Information**

Application number::	
Filing Date::	12/29/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	•
Title::	Closed Loop Medicament Pump
Attorney Docket Number::	11738.00214
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers:	

NO

# **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	David
Middle Name::	L.
Family Name::	Thompson
Name Suffix::	
City of Residence::	Fridley
State or Province of Residence::	Minnesota
Country of Residence::	USA
Street of mailing address::	1660 Onondaga Street
City of mailing address::	Fridley
State or Province of mailing address::	Minnesota
Country of mailing address::	USA
Postal or Zip Code of mailing address::	55432
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of mailing address::	
City of mailing address::	

State or	<b>Province</b>	of mailing	address::
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Country of mailing address::

Postal or Zip Code of mailing address::

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

Status::

**Full Capacity** 

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number::

22908

#### **Representative Information**

Representative Customer Number::

22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/302,593	04/30/99

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#### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: Medtronic, Inc.

Street of mailing address:: 710 Medtronic Parkway NE

LC 340

City of mailing address:: Minneapolis

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55432